

Vermont Mental Health

Questionnaire

Mental Illness – Secondary Care Unit

Inpatient Unit Name _____

January, 2006

Completed By: Name:

Contact (phone or email)

(LEAD)	

Please return this questionnaire by -----2006,
to Mr. Francis Pitts, architecture+ at pittsf@aplususa.com

PURPOSE OF THIS QUESTIONNAIRE

This questionnaire has been developed by the Planning Team to assist in collecting programming and planning information for the design of a state-of-art treatment facility.

You are requested to answer the questionnaire for the areas (programs, services and facilities) for which you have responsibility. You are requested to respond to the questionnaire from the collective viewpoint, therefore all identified representatives covering each department/ service will need to meet and discuss the issues in the questionnaire to create a combined response (please see below for a description of this process). For questions or issues where there are clearly different viewpoints, we ask that you briefly outline these for us. Such differences may relate to culture, treatment philosophies/ approach, roles and responsibilities or ideal facilities/patient care environment, in moving into the future.

In all cases, we ask you to think about your new future, a future that provides for you new treatment and service environments, new technologies and the like.

The questionnaire's purpose is as follows:

- To assist the Planning Team in analyzing the current and future activities of hospital departments
- To communicate information about the Hospital's current and future programs and services to the Planning Team
- To serve as a tool for the Planning Team in evaluating demands and needs of departments
- To assist in the development of a database useful in planning activities.

INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE

1. Read all questions carefully before answering any part of the questionnaire.
2. Each of the designated individuals who has primary responsibility for the department/services covered should complete the questionnaire, particularly related to the existing services and facilities. We also ask that you think about the future (5 to 10 years from now)
3. Each question should be answered by entering the information requested or by entering the numerical value requested in the spaces provided. It is hoped that the questionnaire can be completed electronically. Any added information that is in electronic format should be appended to the email to which the response is returned (or a subsequent email, depending on the capacity of the email system). Any additional material that is hard copy should be scanned and emailed or faxed.
4. The sources of information should be cited if applicable (i.e. Committee Meeting Minutes or Monthly Medical Record Report).
5. Please state when information is not available or estimates are provided as answers to any questions.
6. If any question does not relate to your department, please indicate "Not Applicable".
7. It is requested that the nominated 'lead' assemble the collected response by Monday morning, January xx, 2006.
8. Please forward your completed consolidated questionnaire to Francis Pitts by -----, 2006. Forwarding it as an electronic document attached to the following email address is preferred pittsf@aplususa.com .

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1. Program/Service Description:

1.1. Please provide information that summarizes the current scope of service/operations for your program/service

1.2. Please provide your thoughts on the changes that will occur to the nature of the program and its services in moving to a new facility (this could be an overall change to the acuity or treatment needs of the patients, new opportunities in treatment programming that will be possible in a new facility, etc.)

1.3. Please respond to the following Patient Profiles for ***both Current and Projected*** populations. The purpose of this information is to assist the planners in understanding any specific facilities requirements that would in turn assist you in caring for these individuals.

1.3.1. the approximate percent split of the patient population that is/will be ambulatory and non-ambulatory

Current:

Future:

1.3.2. percentage of the patients with physical transfer requirements and the type of transfer

Current:

Future:

1.3.3. percentage of the patients with continence problems and the nature of these

Current:

Future:

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- 1.3.4. please provide the number or percentage of patients with the following diagnoses for your current and future patient populations:

% of patients with a primary diagnosis of:	Current	Future
Cognitive Impairment		
Obsessive Compulsive Disorder		
Neurological		
Dual Diagnosis MH/MR		
Dual Diagnosis (MH/Addictions)		
Mood & Anxiety Disorders		
Schizophrenia		
Other mental illness related to aging		
Significant co-existing medical condition		
Others –		

- 1.3.5. Behavioral Characteristics: please identify the percentage of your patient population with a *significant* presentation of the following characteristics currently and in the future:

% of patients with the follow-ing behavioral characteristics:	Current	Future
Aggression towards others		
Suicide risk		
Elopement risk		
Sexual inappropriate behaviors		
Pica (Ingestion of non-food products)		
Property destruction		

- 1.3.6. Patient age: please identify:

	Current	Future
Male/Female split (approximate %-age)		
Age Range		
Average Age		

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- 1.4. Please provide a summary of key clinical activity on-unit by the professions listed below where specific services are delivered that will influence the facility/environment considerations. The comments you provide may relate to current services that will remain valid and necessary in the future environment or services that are not/cannot currently be provided that will be necessary in the future. Please consider the response in the context of the future patient profile, changes to the mental health system as a whole and the role of the future, new hospital.

1.4.1. Psychology

1.4.2. Psychiatry

1.4.3. Social Work

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2. List the main program elements (spaces or functions) of each area. This includes key features of your program. Please focus also on elements that relate to shortcomings of your area in relation to your concept of ideal patient care services and patient and staff environments.

Are there notable differences between what you have now and what you would like to have in the future? Why?

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3. Please describe the internal operations and functions of each area. Please discuss any problems or problem areas that affect the smooth functioning of each area. An example of this would be work areas that are located in several places across the Facility fragmenting workflow, supervision, etc. Please specifically address the following issues:

Internal operations:

Are there notable differences between what you have now and what you would like to have in the future? Why?

Please specifically address the following issues:

Work Flow Functional Characteristics:	Comments
Medication Administration	
Food Preparation	
Meal Service /Dining Style (e.g. trays, bulk, family style?)	
Level of Supervision required on unit	
Level of Supervision off unit	

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4. Please comment on the following Program Policy Considerations:

Program Policy Consideration:	Comment:
Off/On Patient Care Unit (PCU) living area Recreation/Leisure time Activities	
Consumer/Patient space access/restriction.	
• Kitchen	
• Dining Area	
• Exit doors	
• Bathrooms	
• Bedrooms	
• Leisure space	
Time out/seclusion room policy	
Clinical treatment/office space on/off unit	
Day Services on/off PCU	
Visual/Auditory observation requirements	
School age Education, On/Off PCU unit	
Requirements for Community Living Skills Training On/Off unit	
• Mock Apartment	
• Kitchen	
• Dish washing	
• Dining	
• Home-like bathroom	
• Other?	
Vocational Training	
• In-House	
• In-Community	
Visitation (on-unit/off-unit; restrictions/need for supervision, etc.)	

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5. Please indicate if there are any operational changes that would improve the efficiency of each area, in particular any physical features that could make your area more efficient.

Please note any differing opinions that still exist at the conclusion of your discussions:

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6. Please describe any other anticipated changes that may occur within the next five years that might have a significant impact on each area's operation, where these have not been covered in earlier questions. *These changes are most likely to be the result of external or industry changes.*

Some items that you might discuss here are: planning issues/trends, new services, new methods of delivering care/services, personnel, equipment, adjustments to operating costs, method of operation, etc. This includes important executive directives or licensing objectives that may impact space requirements or influence locations or adjacencies.

Please note any differing opinions that still exist at the conclusion of your discussions:

[illegible]

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8. Adjacency Requirements

- 8.1. Describe ***ideal critical internal adjacency relationships*** within your area(s), regardless of whether these are currently achieved or not possible. These relationships may be a result of patient flow, material flows, or staff movements or supervision needs

Between (function/area)	And (function/area)	Reason

Please note any differing opinions that still exist at the conclusion of your discussions:

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8. Adjacency Requirements (cont)

- 8.2. Describe critical ***ideal future external adjacency relationships*** that each area has with other departments in the facility. These relationships may be a result of patient flow, materials flow, or staff movements

Using the "Closeness" indicator identified below, indicate how near you should be located to the listed departments. Identify the most important "Reason" from the list below, or add explanation. Also, estimate the number of contacts you make per day with that particular department. *Again, please think about it from your understanding of the future patient profile and a new facility/environment.*

CLOSENESS INDICATOR

- 1 - Directly next to
- 2 - Same floor
- 3 - Doesn't matter

REASON INDICATOR

- A - Patient movement
- B - Staff movement
- C - Materials movement

Department	Closeness	Reason	Contacts/Day

Please note any differing opinions that still exist at the conclusion of your discussions:

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9. Please list materials, space, personnel or other resources that you share with any other department(s). Please indicate which department(s) and describe the nature of the sharing.

What do you Share	Share with Whom	Nature of Sharing

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10. Please comment on the need (if appropriate) for the following Assistive Technology – Adaptive Equipment. Do you anticipate this to change, and if so, please briefly describe the nature of the change.

Assistive Technology-Adaptive Equipment	Need (e.g. high/moderate/low/no need):
Physical Transfer Equipment (Hoyer lifts etc)	
Respiration Equipment	
Oxygen	
Tube feeding equipment	
Special needs ambulation/transport (Electronic Scooters/mechanical tricycles etc.)	
Communication Equipment	
Specialized Bathing Equipment (Hoyer lifts etc.)	
Other (please specify)	

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11. Is there any other information or data that you feel the planning team should be aware of that has not been requested by this questionnaire?

SUPPLEMENTAL QUESTIONS

We understand that the secondary care unit will be part of an acute care medical hospital. The following questions will provide the planning team with information about how adjunct services will be integrated into the operation of the secondary care unit and the extent to which those services will be provided by the medical hospital.

Patient Therapy/Activity

1. Will there be off-unit recreational, vocational or socialization activities and, if so, what will they be?
2. Can they be located adjacent to the unit?
3. How much space will be needed for these functions?
4. Can religious services or spiritual counseling be conducted on or near the unit?

Clinical Ancillaries

1. Where will exams be done upon admission?
2. Where will routine medical clinic and follow-up exams be done?
3. Where will emergency services be provided and how will patients be transported?
4. Where will lab and x-ray work be done?
5. Will a specialized pharmacy be needed or do you expect to be integrated into the medical hospital pharmacy? If the pharmacy is integrated will additional space be needed?
6. Admissions
 - a. How will patients be brought to the hospital?
 - b. Where will they be received?

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- c. How many patients do you expect to have to accommodate in the admissions area at one time?
- d. Will admissions be scheduled or will they occur throughout the day?
- e. When are the peak times for admissions?
- f. Who will process admissions and where will they take place? (e.g. existing medical emergency room, new space adjacent to the medical emergency room, new or existing space remote from the emergency room).
- g. Please describe the admissions process in terms of time and patient/staff flow.
- h. Who will transport the patients from the admitting area to the unit?
- i. Will there be dedicated admissions staff. If so, where will they be located?
- j. What is the expected range of behavior of patients, and in what proportion, upon admission? (e.g. violent, highly agitated, suicidal, under the influence of alcohol or drugs, docile etc.)

Dietary

- 1. What form of meal service do you anticipate?

Administrative Services

1. How many administrative personnel will there be? Will they include business office and personnel functions?
2. Who are they and where will they be located? (Please list by department or function).
3. Will they be integrated with the medical hospital?
4. Are there State regulations that would prohibit integration of these services?
5. If they are to be integrated, can they be absorbed into existing space in the medical hospital?
6. Patient legal services are likely to be required. How much space will be needed and where should it be located?

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Information Technology

1. Which of the following functions will be integrated with the medical hospital?
 - a. Information Services (data processing)
 - b. Medical Records
 - c. Quality Assurance/Risk Management/Utilization Review
 - d. Staff Development
 - e. Communications
 - f. Education and conferencing
2. Are there any State regulations that would prohibit integration of these services?
3. Will additional space be required for the services to be integrated or can they be absorbed into existing space?
4. How much space will be needed for functions that will not be integrated and where will they be located? (Please list by function)

Facilities Management

1. Which of the following functions will be integrated with the medical hospital?
 - a. Environmental Services
 - b. Laundry and Linen
 - c. Maintenance
 - d. Materials Management and Central Medical Supply
 - e. Security and Fire Safety
 - f. Transportation
2. Are there State regulations that would prohibit integration of these services?
3. Will additional space be required for the services to be integrated or can they be absorbed into existing space? (Please list by function)
4. How much space will be needed for functions that will not be integrated and where will they be located? (Please list by function).

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5. Will there be special security personnel and arrangements for the psychiatric service that will differ from the medical hospital?

Outreach

1. Will there be dedicated staff for outreach and patient follow up services on-site?

Family Support and Visitation

1. Will there be on-site facilities for family and visitors such as a residential suite? How much space will be required? (Please list by function).